## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).					
I hereby appoint:					
Practitioners associated with the Customer Number: 75671					
OR					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
	Name	Registration Number	N	lame	Registration Number
		Number			112
					<del>                                     </del>
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with					
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:					
Please triange the correspondence address for the application restriction in the discourse design and the correspondence address for the application restriction in the discourse design and the correspondence address for the application restriction in the discourse design and the correspondence address for the application restriction and the application restriction restriction and the application restriction					
The address associated with Customer Number: 75671					
OR					
Firm or					
Address					
City State Zip					
City		State	<u> </u>	Zip	
Country					
Telephone	3		Email		-
Assignee Name and Address: Prosta Torra NV, LLC					
160 Greentree Drive, Suite 101					
Dover, Delaware 19904					
United States of America					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of					
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,					
and must identify the application in which this Power of Attorney is to be filed.					
SIGNATURE of Assignee of Record The inglividual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature	VIII			Date 7/15/200	7
Name	Stephen Finley			Telephone	
Title	Authorized Person for Prosta Torra NV, LLC				

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the armount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(ii)

I, Stephen Finley (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Prosta Torra NV, LLC.

Stephen Fi

Authorized Person for Prosta Torra NV, LLC

Date